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1	E BOARD OF HEALTH State File No 129
I 1 PLACE OF BIRTH.	F VITAL STATISTICS ERTIFICATE OF BIRTH Registered No
County Rule	State
District or Township	or Village
City Cufolin No.	St.,
2. Full name of child Daniel M	Non (If child is not yet named, make supplemental report, as directed.
3. Sex of Child To be answered ONLY in event of plural births. 4. Twin, triplet or 5. No., in order of	7. Date of birthuly 8 1928
8. Full name Daniel Moran	Full maiden name Cara fuith
9. Residence (Usual place of pour Color of the Color of t	15. Residence (Usual place of professional state.
10. Color of race)	Years) 16. Color of race 17. Age at last birthday
12. Birthplace (city or place) Aggregation	18. Birthplace (city or state) 28 feeto
(State or country)	(State or country)
13. Occupation Elizato of built	19. Occupation House bel
Nature of industry Confactant	Nature of industry
11 mg. standards or outside an inches	alive and now living 21. Were prefautions taken against oph alive but now dead neonatorum.
certified and including this child). (c) Stills	orn
I hereby certify that I attended the birth of this child, who was	TENDING PHYSICIAN OR MIDWIFE
When there was no attending physician or midwife, then the father, householder,	Born alive or stillborn fruth ned
child is one that neither breathes nor shows other evidence of life after birth.	(Physician oz midwife).
Given name added from a supplemental report Month, day, year	Jujua ana)
	July 12, 19.28 W. 19 Mushi. Registrar.
Registrar.	Registrar.
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